

**2009 Boat Sewage Pumpout Station Application for
Operation and Maintenance (O&M) Funding**

Date: _____

Mail To:
NH Dept of Environmental Services
ATTN: Teresa Ptak
29 Hazen Drive PO Box 95
Concord, NH 03302-0095

Or Fax To: (603) 271-7894
(ATTN: Teresa Ptak)

Marina Information

Marina Name: _____

Name of Authorized Representative: _____

Mailing Address: _____

Marina Physical Address: _____ (if different)

Town, State, Zip: _____

Phone Number: _____

Operating hours & days of operation of the pumpout _____

Fee currently being charged for a pumpout _____

Fee to be charged if application is approved _____

Depth of water at the pumpout _____

Portable toilet disposal? Yes _____ No _____

Off season operation? Yes _____ No _____

Limited overhead clearance? Yes _____ No _____

Agreement

As the authorized representative of the above-named marina, I hereby apply for O&M Funds from the 2009 Pumpout Station Operation and Maintenance Funding Program. By signing the attached Agreement, I certify that I will comply with all terms and conditions of the Agreement **if** O&M Funds are provided. I understand that approval is contingent upon availability of funds and review by the Department of Environmental Services. Further documents will be requested for final approval.

Signature_____
Printed Name

DES Approval

Approved by: _____

Clean Vessel Act Program

Date

Program Coordinator: Teresa Ptak (603) 271-8803 or Teresa.Ptak@des.nh.gov

Program Manager: Jody Connor (603) 271-3414 or Jody.Connor@des.nh.gov

Date Received: _____ (stamp)